



**Norman Goldstein MD**  
**Editor, Hawaii Medical Journal**

## Narrative Medicine – A Novel Approach

**A**s a consulting Dermatologist at most of Oahu's nursing homes, convalescent centers and hospitals, I am frequently called upon to assist primary care physicians in diagnoses and treatments for specific skin problems from single a lesion to generalized eruptions.

The charge nurse will often comment, "Dr. Goldstein, what's a dermatologist doing here at 5 AM?" I reply that this is the only time I have to review the usually voluminous charts, examine the patients and make recommendations for the management of troublesome skin problems. But beyond reviewing the medications administered, the lab studies obtained, and recent physical changes in the patient, I also read the myriad of notes from various individuals involved with the total care of the patient.

The internist or primary care physician, residents and students, surgeons, anesthesiologists, nurses and nurses' aides, social workers, lab technicians and other consultants compose a true to life novel about the patient. It may not be a bestseller, but it proves to be important reading.

In the Fall 2003 issue of *Columbia - the Magazine of Columbia University*<sup>1</sup>, I recently read "The Art of Healing," where the author, Barbara Pollack, described a program by Rita Charon, Ph.D., Director & Founder of the Program in Narrative Medicine at Columbia's College of Physicians & Surgeons. Charon, with a Ph.D. in English, "combines a physician's appreciation for clinical details with the acuity of a literary critic."

Her Narrative Medicine program incorporates several unique elements. In the second year of medical school, students choose from an exhaustive list of humanities and medical seminars that emphasize the connection between the arts and the art of healing. In the third and fourth years, the students are introduced to Charon's narrative approach to medical intake: parallel charts. In addition to maintaining traditional records on their patients' progress, they are asked to track the emotional toll of the hospital experience. Once a week they read these reports to each other. Charon explains to her students, "the memories, these sadnesses, these feelings influence the care you give."

Dr. Charon quotes a poem written by Georgia Harelick, a social worker at New York - Presbyterian Hospital, who met twice a month with other oncology staff members to share their writings about their daily encounters with fear and mortality.

**Help Wanted:** Angel of Death looking for a full-time administrative clinical assistant. Qualified applicants must possess a master's degree in Social Work, a strong stomach for gruesome details, a big heart, to aid in the processing of others' pain. And two to three years experience in discharge planning. Former experience with hospice care and end-of-life issues a plus. Tasks will include endless paper work, being witness to suffering you can do little about, and some bereavement counseling. Will provide black cloak if requested. Benefits include an oddly empty feeling that somehow vaguely, and paradoxically resembles satisfaction.

Today's medical students are overloaded in their training programs - as it has been over the decades and must be so. Modern medicine with all its new technical developments is, in part, why Medicine in America is still the best.

Perhaps the University of Hawaii John A. Burns School of Medicine might some day have a similar program in Narrative Medicine.

### Reference

1. alma mater (Columbia College Class of 1955)

**Any questions, comments, or concerns?**

**Contact the *Hawaii Medical Journal* at:**

**HawaiiMedicalJournal@yahoo.com**